

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PPO-875)

SERIAL NO.

10/559920

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3		2	1			
4		1	1			
5			1			
6		1	1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13		1	1			
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44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1		3			
TOTAL DEP.	13	←	18	←		←
TOTAL CLAIMS	14	██████████	21	██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS		██████████		██████████		██████████